

Case Number:	CM15-0112133		
Date Assigned:	06/18/2015	Date of Injury:	01/10/2012
Decision Date:	07/17/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New
York Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 44 year old female, who sustained an industrial injury, January 10, 2012. The injured worker previously received the following treatments home exercise program, heating pad, EMG (electrodiagnostic studies) of the upper extremities, right shoulder MRI, right elbow MRI and neck x-rays, right hand and right wrist x-rays and cervical spine and cervical steroid injection, Norco, Ativan, Tizanidine, Flector Patches, Percocet, Dicyclomine, Famotidine and medical Marijuana. The injured worker was diagnosed with right shoulder impingement syndrome, tendinoligamentous injury of the right elbow, lateral epicondylitis right elbow, medial epicondylitis of the right elbow, right shoulder scapula-thoracic musculo-tendinous injury and thoracic dorsal spine thoracic sprain/strain. According to progress note of April 17, 2015, the injured worker's chief complaint was right elbow, right wrist, right hand, and right thumb pain. The injured worker rated the pain at 5 out of 10. The pain was intermittent and increased to an 8 frequently. The pain was aggravated by the cold and activities. The injured worker had decreased mobility since the last visit. The injured worker was complaining of poor quality of sleep. The physical exam noted normal range of motion of the cervical spine. There was decreased range of motion of the right shoulder in all plans. There was decreased flexion of the right elbow. The right wrist had decreased range of motion with the ulnar deviation only. The treatment plan included right shoulder and biceps tendon steroid injection and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are impingement syndrome shoulder right; tendinoligamentous injury right elbow; lateral epicondylitis right elbow; medial epicondylitis right elbow; cubital tunnel syndrome right elbow; shoulder-scapulo-thoracic musculo tendinous injury right; and strain sprain thoracic dorsal spine, thoracic spine sprain. According to an April 17, 2015 progress note, the injured worker has continued complaints of right elbow, wrist and thumb pain. There are no new subjective symptoms. There are no subjective symptoms referable to the right shoulder. The injured worker is engaged in a home exercise program and uses heat. Objectively, there are no clinical findings of impingement. Range of motion is minimally decreased. There are no objective limitations referable to the shoulder. There is no documentation that indicates the total number of physical therapy sessions authorized and received. There are no physical therapy progress notes in the medical record. As a result, there is no documentation demonstrating objective functional improvement from physical therapy. The treatment plan indicated a request for physical therapy two times per week for six weeks for right epicondylitis and right shoulder. Consequently, absent clinical documentation with subjective complaints referable to the right shoulder, minimal objective complaints (range of motion), prior physical therapy progress notes, total number of physical therapy sessions, physical therapy two times per week times six weeks is not medically necessary.

Right shoulder & bicep tendon steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Subacromial injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Injections.

Decision rationale: Pursuant to the Official Disability Guidelines, right shoulder and biceps tendon steroid injection is not medically necessary. Steroid injections to the shoulder are recommended according to the criteria in the Official Disability Guidelines. A

diagnosis of adhesive capsulitis, impingement syndrome or rotator cuff problems, except for posttraumatic impingement of the shoulder; not controlled adequately by recommended conservative treatments (PT, non-steroidal anti-inflammatories), after at least three months; pain interferes with functional activities; generally performed without fluoroscopy or ultrasound guidance; only one injection to start, rather than a series of three; a second injection is not recommended if the first resulted in complete resolution of symptoms or no response; and the number of injections should be limited to three. In the shoulder, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance does not improve the efficacy of the steroid injection. In this case, the injured worker's working diagnoses are impingement syndrome shoulder right; tendinoligamentous injury right elbow; lateral epicondylitis right elbow; medial epicondylitis right elbow; cubital tunnel syndrome right elbow; shoulder-scapulo-thoracic musculo tendinous injury right; and strain sprain thoracic dorsal spine, thoracic spine sprain. According to an April 17, 2015 progress note, the injured worker has continued complaints of right elbow, wrist and thumb pain. There are no new subjective symptoms. There are no subjective symptoms referable to the right shoulder. The injured worker is engaged in a home exercise program and uses heat. Objectively, there are no clinical findings of impingement. Range of motion is minimally decreased. There are no objective limitations referable to the shoulder. There is no functional limitation there is no objective functional limitation involving the right shoulder. Consequently, absent clinical documentation of adhesive capsulitis, impingement syndrome or rotator cuff problems, objective documentation of impingement in the right shoulder and no functional limitations involving the right shoulder (in addition to subjective complaints), right shoulder and biceps tendon steroid injection is not medically necessary.